

"FEE ADDRESS" INDICATION FORM**Address to:**

MS M Correspondence
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Fax to:

571-273-6500

- OR -

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number:

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
	09/160,503

Completed by (check one):

☐ Applicant/Inventor

/Kaare D. Larson/
 Signature

☒ Attorney or Agent of record 51,920
 (Reg. No.)

Kaare D. Larson
 Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed.
 (Form PTO/SB/96)

(858) 720-5163
 Requester's telephone number

☐ Assignee recorded at Reel _____ Frame _____

July 3, 2008
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.